NFS Express Newsletter

FEBRUARY 2010

VA CENTRAL OFFICE, NUTRITION & FOOD SERVICES
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Director's Corner

The January 2010 VA Senior Executive Service (SES) Orientation Leadership Forum held in Washington DC provided me the opportunity to hear addresses by the Secretary, Deputy Secretary, Chief of Staff, Acting USH of the VA and other senior leaders. Strategic initiatives, leadership, and transformation within our agency were common themes. VA Leaders shared personal stories on how becoming veterans had impacted their lives, their passions to transform the VA, and how each of us makes a unique contribution to improve services for Veterans. As a participant in this program, I was given a homework assignment on what I learned and planned to do with these insights. In sharing my responses with each of you, whom I consider some of the finest NFS leaders ever to serve in the VA, I am carrying forth this message.

1) What have you heard about leadership and/or transformation in these three days?

Effective leaders take care of their people and execute their mission first. According to the Soldier's creed, a soldier always puts their mission first, never leaves a fallen comrade behind, never accepts defeat and never quits. Leaders challenge assumptions and then do what is right.

To transform the VA into the 21st century, leaders need to determine what role we play in implementing the 13 strategic goals including improving quality and access to solve the Veterans Benefit Administration (VBA) backlog which is central to the credibility of the organization. We need to change the VA culture from adversarial to advocacy, be open to ideas that systems we currently use are not customer friendly, improve services and benefits, improve overall quality, and build flexibility into systems.

2) What message particularly resonated with you?

Engaging all participants in looking for solutions to end Veteran homelessness made sense in that it demonstrated how each of us must be active in pursuit of this goal. After recently visiting the Maryland Center for Veterans Training and Education (MCVET), I was able to see firsthand how Veterans could turn their lives around, become personally successful, and become vital contributors to the community. Instead of calling this a homeless program, the stigma of homeless was reduced through the new nomenclature of MCVET. Several program participants were trained in food service operations and provided quality meal service at MCVET. Developing programs to end homelessness in the VA could include food preparation training programs for Veterans and securing additional resources such as residences, and staffing at medical centers to train other veterans struggling to find their rightful place in society.

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Earth Day 2010

Earth Day commemorates its 40th anniversary this year on April 22, 2010. An idea born from the hippie movement of the 60's, to honor our planet and all living things, has evolved into Earth Day celebrated today around the world. If you Google "Earth Day" you may be surprised at the number of festivals and activities held in communities across the US and beyond.

The Green Energy Management committee of the NFAC would like to support the purpose of Earth Day which is to promote recycling, raise awareness of better energy efficiency and any actions that will improve our planet. Our committee has assembled promotional ideas and handouts to celebrate Earth Day. NFS staff can access SharePoint and select the GEMS folders under documents and discussions. Listed below is a sample of the creative suggestions to honor Earth Day.

●Encourage employees to make an Earth Day pledge. Ask individuals to write their pledges on leaf cutouts and place on a tree-like illustration for all to see.

●Issue a challenge to employees: NOT to use anything non-recyclable for one day

●Plan a Going Green employee education class (Available on SharePoint)

●Request that your facility library purchase the movie "Fresh". Arrange for employees to view the film.

●Schedule a field trip to a farm. As part of local procurement, vendors may be able to arrange a visit to a farm that provides produce for your facility.

●If you would like to share your unique and interesting ideas for Earth Day, please post ideas and attachments on SharePoint under the GEMS Folders for documents and discussions.

Outcomes of the MOVE! Program from the Eastern Colorado Health Care System (ECHCS)

The results of data collection from the MOVE! Program at ECHCS are compelling. The final outcome of the 10 month (January 1, 2009-November 1, 2009) data collection process has provided a good foundation for the program at ECHCS.
To summarize, the program consists of these steps:

1. Primary Care Physicians screen Veterans and then refer those who qualify for the program by sending a MOVE! Consult.
2. Veterans are contacted and scheduled into the MOVE! Orientation class.
3. The Orientation class begins with an overview of the MOVE! Program. This includes basic information that is needed to start making a lifestyle changes from a nutritional, behavioral and physical standpoint. Each Veteran sets 1-2 achievable goals. They learn to identify potential barriers that can keep them from meeting their goals and different behavioral techniques to help overcome the barriers. From here the Veteran chooses the next step, level I or level II.
4. Level I consists of a monthly call into a 1-866 MOVE hotline number where Veterans receive tips to help them lose weight. They also leave a voicemail describing their progress towards reaching their goals. If they have met their goals, the hotline prompts them to set new goals for the next month.
5. Level II consists of a nine week session of classes where the Veteran comes in once a week for an hour. They rotate and see each discipline 3 times during the nine week session.
6. After the nine week session is over, the Veteran gets to pick how he/she would like to follow up with the assistance of each discipline. The choices are either group or individual sessions or both, whichever the Veteran and the team feels like they need to be successful. The goal is maintenance of lifestyle changes and weight loss with limited support of the MOVE! Program.
7. Once Veterans have met their goals, the MOVE! Program does provide support groups where the Veterans actually do some of the teaching and participants continue to receive recognition for the success.

During the study period, a total of 2,576 Veterans were enrolled in MOVE! Orientation classes. From that group, 1545 Veterans (60%) joined either Level I or Level II.
Data was collected from all the different areas in ECHCS including the following: Denver and its suburb areas, Colorado Springs, Pueblo and Alamosa/La Junta.
Due to the high demand for the MOVE! Program and the limited supply of FTEE, the program initially had an extensive wait list. Increase in FTEE resulted in program success which is demonstrated by:

A. Decrease in initial wait time to get into the MOVE! Program; from 4.25 months to 1.5-2 months.
B. Increase in the nine week level II sessions from 6 to 14.
C. Decrease in wait times transitioning from Orientation class to the nine week sessions; from 1.67 months to 3 weeks to 1 month

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Some of the final numbers:

- **69%** of all patients chose level II
- **5.7#** average weight loss
- **83.25%** of Veterans that completed level II sessions and 1 follow up session were successful (lost or maintained weight)
- **54%** patients that start level I and follow it lose or maintain weight.
- **Only 6.4%** of all patients that pick level I actually call in every month.
- **81%** that had a HemoA1C at the start and a subsequent HemoA1C, improved their HemoA1C
- Average change in HemoA1C **0.37%**

A random sample of 5 patients in the MOVE! Program who lost 60# or greater:

Patient	Weight Change	Lab Change	Medication Change
Patient 1	Lost 63.6#	Improved A1C, Improved HDL, Blood pressure stayed the same	Able to stop Glyburide for Diabetes
Patient 2	Lost 68#	A1C and LDL improved	No change in medications
Patient 3	Lost 60.8#	No updated labs to see change in A1C, LDL. Blood pressure did not change	No change in medication
Patient 4	Lost 79#	A1C, Blood pressure and total cholesterol improved	Able to stop insulin
Patient 5	Lost 60.6#	Blood pressure and A1C stayed the same, LDL improve	Able to get off some medications

In summary, 4 out of 5 patients demonstrated some improvement in their chronic disease management. Three out of 5 had decreased medication requirements. There were limitations of information gathering which included:

- No record of medications the patients were actually taking at the time they were enrolled in the MOVE! Program
- No A1C or lipid panel lab results available at the beginning of the MOVE! Program
- No current lab results

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Eastern Colorado Health Care Systems MOVE! Success stories

1. **Ms. P**

Start weight:	345# and BMI 50.12(3/09/09)
As of today:	242# and BMI 35.9(12/07/09)
Total wt loss and BMI:	103# and 12.22
Lipid panel:	
2/11/08	6/9/09
Cholesterol 237	Cholesterol 178
HDL 68	HDL 71
LDL 152	LDL 88

2. **Mr. W**

Start weight:	310# and BMI 44.57(6/1/09)
As of today:	231.6# and BMI 33.3(10/23/09)
Total wt loss and BMI:	78.4# and 11.27
Change in HemoA1C:	6.3(2/20/09) to 4.9(9/22/09)
Lipid panel:	
3/12	9/22
Cholesterol 150	Cholesterol 130
HDL 31	HDL 33

The data that was collected gave us even more reason to continue the momentum of our program. As we move forward, we realize that we are improving many lives and it gives us an opportunity to give back to the Veterans that have risked their lives for our country. We consider it an honor.

Submitted by: Beth Hovel RD
MOVE! Coordinator
Eastern Colorado Health Systems

YADA from the JADA

In a day and age when we are all on information overload, reading articles from the many journals available to us becomes a luxury we cannot afford. We have great intentions but time does not always allow.

In an effort to fit this needed activity in to our schedule, the Clinical Dietitians at the **Memphis VAMC** began have a monthly session affectionately known as "**YADA from the JADA**". Each dietitian is assigned a month of the ADA journal to review. We usually lag behind two months to allow time to read and chose the articles to be presented. It is suggested that a minimum of three articles be reviewed and presented in the form of a PowerPoint presentation. The presentation is given at a time normally blocked out for staff meeting so everyone is able to attend.

YADA from the JADA allows the staff to obtain the most current information with a minimum of time invested. Some lively discussions follow the presentations and we all leave better informed with knowledge we can incorporate in to our practice.

Submitted by: Nathene Stark, RD, LDN
Clinical Manager
Memphis VAMC

Atlanta VAMC Holiday Celebration

"I wish every meal could be like this!" Many residents of the Eagles' Nest CLC at the Atlanta VAMC echoed this opinion from a satisfied diner as he finished his dessert of apple pie and Hanukkah cookies. On December 17, Recreation Service at the Atlanta VAMC Community Living Center, in collaboration with Voluntary Service, Nutrition & Food Services, CLC nursing staff, and social work staff, created a memorable and eclectic Holiday Luncheon with live music and dancing. Volunteers from the Berean Christian Church and the Jewish War Veterans service groups sponsored the event, including decorations and sumptuous platters of home-style holiday foods. Nutrition and Food Service helped by preparing some items in their main kitchen and providing buffet serving items. One CLC resident sampled a traditional side dish and stated with a smile, "I've never had this before. It's different, but I like it."

Jazz tunes, traditional Hanukkah songs and Christmas carols created a festive atmosphere for dining, dancing, and visiting with former CLC residents who were invited back for a holiday reunion. Medical Media Senior Medical Photographer Peter Gratten provided photos upon request for partygoers in front of a decorated tree as residents, volunteers, and staff mingled, including Medical Center Director James Clark. Tom Porter and Chauncy Rozier, Recreation Therapists, stated the preparation for their annual event was well worth the combined efforts, noting that the congenial feeling would last long after the plates of turkey, greens, and pie were finished.

Submitted by: Carol Anderson
Atlanta VAMC

CLC Holiday Luncheon

Residents & Staff Dancing to Jazz Tunes

Medical Center Director
James Clark Greets CLC Guests

C.H.E.F. Cooking Class at Hines

In August 2009, the Hines VA initiated an innovative program to translate nutrition material taught in the MOVE! classes into practical application. The C.H.E.F. (Cooking Healthy Everyday Food) class is a one-time, monthly class offered to Veterans in the MOVE! program. C.H.E.F. gives Veterans a hands-on experience to help develop cooking skills that are vital for a healthy lifestyle, along with providing nutrition education on healthy cooking methods, meal planning, and food safety.

Classes are led by four Registered Dietitians at the Hines VA Hospital, including D'arcy Rea, who also has a culinary degree and teaches cooking techniques to the Veterans. Nancy Berard, Clinical Nutrition Manager, Lorry Luscri, MOVE! co-coordinator, and Dana Strohmaier, outpatient dietitian, supervise participants and answer questions about cooking and nutrition.

The class atmosphere is casual and limited to six Veterans per class. This intimate atmosphere allows for more one-on-one attention, and in addition, each attendee is able to bring a family member or caregiver. With the small class size, each attendee participates in preparing the meal, including chopping and sautéing vegetables and making a salad with homemade dressing. All meals are prepared using heart healthy and low-fat cooking methods and are appropriate for diabetics.

One of the key objectives of the class is for patients to learn how to cut vegetables and prepare meals safely and independently. George Terzian, a recent participant pictured below, summed it up by saying, "It was an educational experience to learn safer, more efficient ways of cutting and handling vegetables." Another Veteran mentioned the value of learning how to cook healthy, low fat meals that provide the key nutrients your body needs. One consistent discovery participants make is how surprised they are that we feed the whole class with less than one box of pasta and everyone is still full from the meal.
This program has proven to be very beneficial to our MOVE! Support Group Vets. It bridges the gap between the desire to change and lack of understanding of how to apply information from the MOVE! Classes. Teaching the patients the skills to perform healthy cooking methods assists them in initiating behavioral change. Showing them that healthy food is easy to make and tastes good, including many vegetables that are unfamiliar to them, empowers them in the kitchen and in their weight loss efforts. The patients consider it a fun addition to their classes in MOVE!.

Submitted by: Cassie Bjork
Hines VAMC

KUDOS…….

Congratulations to **Sharon Kalvels**, NFS Chief at VA Southern Oregon Rehabilitation Center and Clinics. She was selected for the 2009 Under Secretary of Health Award in Nutrition Excellence. The award was presented to her by Dr. Gerald Cross, Acting USH and Dr. Robert Petzel, Acting Deputy USH at the National Leadership Board meeting in Washington DC on 1/20/2010. Select significant accomplishments recognized by Sharon include providing unprecedented recognition for her staff, development of a strong relationship with ADA CADE as a reviewer, completing FACHE, ECF and LVA programs, and demonstrating excellent results in the MA/BPR initiative. Her Associate Director, Dr. Sheila Meuse and her husband, Leo joined her at this recognition ceremony.

Pictured L to R: Dr. Robert Petzel, Sharon Kalvels, Dr. Gerald Cross

Angela DiTucci, RD, LDN of the VA Boston Healthcare System wrote several review articles on lectures attended at ASPEN Clinical Nutrition Week 2009 published in American Society of Parenteral and Enteral Nutrition (A.S.P.E.N.) Dietetics Practice Section (DSP). One of the review article's, entitled *Parenteral and Enteral Access: A Coordinated Approach for Improving Patient Care and Reducing Costs* was published in the 4th Quarter 2009 DPS Newsletter—"Quarterly Publication from the Dietetics Practice Section of the American Society for Parenteral and Enteral Nutrition". Angela highlighted clinical challenges in delivering nutritional care in the hospital setting, tracking outcomes and developing data collection tools for the Nutrition Support Team, and how the Metabolic Support Service interventions demonstrate prevention of complications and decreased costs. She discusses how this information applies to our practices. Angela is a leader in nutrition support and showcases her strengths and talents in providing excellent patient centered care.

Showcasing the Diversity of Diets

The Diversity Committee at the VA Illiana Health Care System puts on a yearly Diversity Day Fair. For the second year in a row, Nutrition & Food Services dietitians and dietetic interns developed an interactive, lively and informative booth regarding healthy eating. The focus this year was on the lure, promises and typical disappointments of "fad diets" and the more realistic, healthy and recommended alternatives for weight loss and lifestyle eating. N&FS staff and interns involved with the development and implementation of the booth included dietitians Debra Hepburn, Jacquie Worthington and Beth Peralta, and graduate dietetic interns Rita Strakovsky and Mina Mojtahedi (from the University of Illinois at Urbana-Champaign) and Sarah Allen (from Eastern Illinois University). The booth was a huge success with many participants interacting with the displays and dietetics professionals.

Figure 1: Starting with the Fad Diet Timeline, we quizzed participants on fad diets (past & present) while encouraging more nutrient-rich and balanced ways of eating for health and weight control.

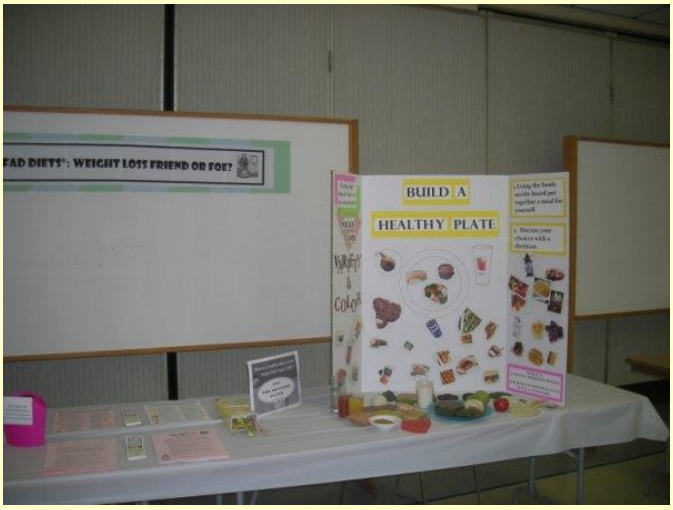

Figure 2: The second activity involved participants building their own "Healthy Plate", using the *MOVE!* Program's handout as a guide, with encouragement and feedback from the dietitians and dietetic interns.

Submitted by: Beth Peralta, MS, RD, LDN
VA Illiana Health Care System

~~Ward~~ Team Nutrition Care – A Proactive Approach

Admitted patients are a captive audience for nutrition professionals. There is great opportunity during the admission to triage all patients with a thorough nutrition evaluation process provided by trained nutrition professionals, a "proactive" process. Nutrition professionals can quickly identify nutrition problems and begin interventions that can be carried over into the outpatient/home setting.

ASSESSMENT of the process of Nutrition Care at James A Haley VA Hospital (JAHVAH)

For the past 30 years the Tampa VA Dietitians have followed hospitalized patients based on ward assignments. Each Registered Dietitian (RD) would evaluate all patients admitted to his or her assigned wards, monitoring any patients found to be nutritionally compromised. When a new nutrition issue arose during admission, the RD would be consulted and a nutrition assessment would be entered in the medical record within 48 hours. Additionally, if the RD wanted to communicate recommendations she would page the provider or flag the chart for the provider to review.

DIAGNOSIS (Problems with the current process of Nutrition Care)

Problem # 1: Lack of Timely Nutrition Interventions Related to (RT) lack of consistent RD contact with providers and team as evidenced by (**AEB)** 77% of admitted patients' nutritional recommendations were implemented an average of 57 hrs after recommendations were made. With an average length of acute care stay at 120 hours, these findings indicate that nutrition goals were met for only 50% of the admission.
Needs assessment: A process is needed that will quickly identify the nutrition problem, leading to timely implementation of interventions.

Problem # 2: RD recommendations not appropriate for medical goals RT the RD not being immediately aware of changes to medical condition and goals during admission until or unless documented and signed in medical record.
Example: RD recommends enteral feeds in a patient who made team aware of desires for comfort care.
Needs assessment: Dietitians need a way to remain informed of ongoing medical goals and issues that arise on a daily basis.

Problem # 3: Lack of Follow-up care for nutritionally compromised patients after discharge RT lack of comprehensive policy for coordination of care throughout the different hospital setting **AEB** only 35% of nutritionally compromised patients received outpatient nutrition follow-up.
Needs assessment: In order to improve follow-up care for inpatients, a process is needed that will identify and refer patients appropriate for follow-up.

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Problem # 4: Missed Education Opportunities RT standardized "yes" or "no" questions offered during routine screening when a patient may be in the early stage of change and likely to decline **AEB** only 40% of patients who would benefit from nutrition education are actually receiving it.
Needs assessment: Patients may not be in the right state of mind or stage of change to accept nutrition education while inpatient. Some patients need follow-up after discharge to assist with advancing readiness to change.

INTERVENTIONS

1. **Re-structure of Inpatient Nutritional Services from Ward Care to Team Care.**
   Steps taken to implement intervention:
   - Assign RD to Providers/Teams. Instead of printing Diet Ward listings and following patients by wards, the RDs will print Provider lists and follow patients by teams.
   - RDs will round daily, at least twice weekly with each team. Rounding with teams on admitting day will allow nutrition screening and initial evaluations to be more efficient and appropriate for the medical plan of care. RDs will be able to improve efficiency of nutritional care by being present when important medical decisions are made and immediate interventions are required. Table 2 provides a *snapshot* of a typical week of events and outcomes encountered on team rounds.

2. **Create Nutrition Discharge Follow-up Care Policies**
   Steps taken:
   - Create a part time "Nutrition Care Coordinator" RD position. It is not realistic to expect that all nutrition problems can be solved in 5-7 days. Identifying the nutrition problem is the first step, but the Nutrition Care Process must frequently transition to the outpatient setting until identified nutrition problems are resolved. The Nutrition Care Coordinator allows for a trained nutrition professional to provide f/u telephone counseling and education to patients with unresolved nutrition problems within 1 month after discharge. The Nutrition Care Coordinator can also assist with providing appropriate counseling to create a readiness to change in patients who have previously declined nutrition counseling. Once the patient becomes motivated to change, the Nutrition Care Coordinator can refer the patient for outpatient follow-up with his/her Primary Care RD.

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MONITORING and EVALUATION of the New Process

Table 1: Results of Process Change

Monitor	**Goal**	**Evaluation**
Diet Education Addressed	Education addressed will increase from 39% to 90% by 1/1/10	Goal Exceeded – 96% addressed
Number of Inpatient Consults	Increase Nutrition Consults by 10% due to increased RD Marketing by 1/1/10	Goal Exceeded – Nutrition Consults increased 20%
Time to Complete Consults	Complete Nutrition Consults 8 hours faster through Team Care by 1/10/10	Goal Exceeded – Nutrition Consults answered 13.1 hours faster.
High Risk f/u Post Discharge	Increase post discharge f/u from 35 % to 85% by 1/1/10	Goal Exceeded – 96.5% of Patients had post discharge f/u
Staff Satisfaction	80% of staff will "strongly agree" that communication has improved with other disciplines.	Goal Exceeded – 100% of staff "strongly agree"

Evaluation of Process Change

Since the transition to team care in early 2009, RDs have been able to provide more quality and efficient nutritional care. RDs attend team rounds daily, allowing for more efficient screening of inpatients. Dietitians are also more aware of changes in diagnosis, drug therapy, or medical therapy that may require diet education or interventions. Rounding with teams also provides an efficient way for RDs to see their patients several times weekly, allowing for more frequent and less time-consuming follow-ups. In addition to benefits to the patient, the medical team now has more exposure to the RD, allowing for an increase in "marketing" of nutritional services, including appropriate consult placement, benefits of RD care, and available nutrition resources during and after admission. Overall, team care facilitates faster interventions which can be linked to shorter length of hospital stay. Since the initiation of team care 9 months ago, there has been increased awareness of nutrition problems evidenced by a 20% increase in consults that were answered 13 hours faster than with ward care. A proactive approach to identifying the problem, team involvement to communicate the intervention with a solid follow-up policy has been provided at the James A. Haley VA Hospital.

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Table 2: Team Rounds *Snapshot*

Discussion on Rounds	RD Intervention	Nutrition Outcome	Potential Health Outcome
Category 1 – Critical Safety Interventions			
Sudden drop in Pre-albumin (PAB)	Recommends Central Line Change	Line Changed – culture positive PAB normal after change	Sepsis prevention
Team plan for Jejunostomy (JT) tube due to high GRV	RD shared recent Gastric Empty Scan and Rec. Trial Formula Change	Pt tolerated new Formula no need for JT	Procedure prevented (JT placement)
Swallowing difficulty with liquids noticed during rounds	RD changed diet to Thick Liquids and ordered Speech Language Pathology(SLP) consult	SLP evaluation confirmed dysphagia and required thick liquid	Aspiration prevention
Hemodynamically unstable pt	RD reviewed cardiac index and AV-O2 difference in determining safety of starting tube feeds	Pt started on enteral feedings when stable and appropriate	Prevention of ischemia
Category 2 – Resource Management			
Team preparing to order PAB	RD reported that pt with fever and elevated WBC	PAB held until pt was not in an inflamed state	Prevented test with little clinical value
Patient with elevated Low Density Lipoprotein (LDL) on statin – team considering increase dose	RD informed team that patient reported during Education that he was not taking statin	Entire team encouraged compliance with diet if patient declined meds.	Prevented additional med cost to patient and pharmacy
Patient with Nasojejunal Feeding tube (FT)with diarrhea preventing tolerance for discharge	RD noted that Bolus feedings would be tolerated and desired if FT was pulled up to stomach	Team adjusted Feeding tube 1 hour after rounds and pt tolerated Bolus feeds w/o diarrhea – d/c to home same day.	Prevented prolonged admission.
Category 3 – Improved Patient Outcomes			
Pre-op team mtg – pt obese in need of colon surgery	RD suggested wt loss intervention prior to surgery	Pt lost 7% of wt Surgery provided with good outcome	Prevented morbidity associated with obesity
Observed during rounds that patient could not reach meal tray	RD ordered Tray set-up and Feeding Assistance	Improved PO intake	Prevented wt loss
Pt not compliant with fluid restriction because of dry mouth	RD recommended artificial saliva	Improved fluid balance	Prevented morbidity of fluid overload
Tube feeding (TF) interfering with Rehab	RD worked with PT/OT to create a schedule that meets nutrition and rehab needs	Patient was able to receive full nutrition and attend all Rehab Therapies	Prevented a delay in patient meeting overall therapy goals.
Category 4 – Improved Coordination of Care/ Team Goals Met			
Cancer patient with nausea	RD reports severe constipation, PharmD selected appropriate meds	Pt nausea resolved; oral (PO) intake improved to goal	Team Collaboration expedites finding a resolution which leads to quicker discharge
Rehab patient with excessive wt gain	Strategies to assist patient with environmental /stimulus control by all disciplines	Pt supported in meeting wt loss goals for rehab	Prevented longer Rehab due to wt gain
Category 5– Timeliness of Care		**Time Saved**	
Observed no diet order in malnourished patient	RD called for late tray	Adequate nutrition within 1 hour	5 hours ; prevented missed meal
Poor PO intake	RD reported average PO intake past 72 hours; recommended Enteral rx	FT placed within 5 hours- goal nutrition within 15 hours of rounds	72 hours saved (3 day calorie count) and time for TF to reach goal
Patient in need of Gastrostomy tube (GT) – team preparing to consult Gastro-Enterology (GI)	RD reported Esophageal obstruction prevent PEG – consider IR consult	Residents phoned Interventional Radiology who placed GT within 48 hours.	Patient discharged 2 days faster

Submitted by:
Sherri L. Lewis, RD
Chief, Clinical Nutrition Section/Home Enteral Nutrition Case Manager
James A. Haley VA Hospital

Meet the Chief….

Congratulations to these new Chiefs for Nutrition & Food Services

Lori Lohar, M.S., R.D.
Grand Junction VAMC

1. Came from Phoenix VA.
2. Have been in the field for 15 years.
3. List other VAs/facilities you've been at:
   - Internship at Cleveland VA Medical Center/Case Western Reserve University.
   - Syracuse VA Medical Center, Syracuse New York
   - Private practice/consulting
   - Phoenix VA Health Care System
4. What spurred your interest in nutrition, dietetics, food management? My interest in health and fitness.
5. Hobbies: Horse riding – English jumping, Hiking, reading, yoga, fitness.
6. Interests: Raising my two boys, Travel, Reading
7. Favorite food: Sushi

Mark Dickerson RD
West Haven VAMC, CT

1. Came from Miami VA (5 ½ years) previously in the private sector.
2. Have been in the field for over 30 years.
3. List other VAs/facilities you've been at or other positions you have held:
   - VA Miami- Operations Mgr 2 yr, Asst Chief 2 yr, Acting Chief 1 yr
   - Chef-diverse restaurants and private clubs
   - FS Director- variety of healthcare institutions
   - FS Specialist and Trainer for Food Management Software
   - Regional Director for Extended Care facilities in Florida
4. What spurred your interest in nutrition, dietetics, food management?
   - The relation between food and health, preventative therapies and the art of cooking.
5. Hobbies: Previously tennis and swimming; currently trying to stay warm.
6. Interests: Wine and gourmet cooking
7. Favorite food: Cape Cod Potato Chips

Director's corner continued from Page 1

3) How will you get the word out in your organization?

There are at least three ways that I will promote these ideas: internal office discussions, conference calls and training programs at the VHA Nutrition Quality Summit in May, 2010. The first internal office discussions and presentations began on February 4 in Medical Surgical Services. At that meeting I presented the attached PowerPoint presentation and led a discussion of the salient features of the SES Orientation and Leadership Forum with the staff meeting. Ten staff members recounted their personal stories and expressed that it was great hearing perspectives of senior leadership. National conference calls are planned with our NFS facility staff on February 17 to communicate the message. Our VHA Nutrition Quality Summit in May 2010 will also include similar topics on the agenda.

4) What is one thing that you think should be added to the SES training?

Promoting balance and time management for health and workplace effectiveness should be added to SES and leadership training. Our workforce needs to be finely tuned both professionally and personally. Stress created by home and work can be improved by application of employee wellness program strategies and prioritization of activities.

In closing I would like to hear what motivated you to join the VA and how you have impacted the life of a Veteran? Thank you for the privilege of leading you in this journey. As always, I am looking forward to our mutual success in serving our Veterans.

Ellen Bosley

Nutrition & Food Services

MISSION: To provide excellent comprehensive and innovative nutrition and food service programs for our Veterans and stakeholders that are evidence based and support the full continuum of healthcare through interdisciplinary collaboration both within and outside the Veterans Health Administration.

VISION: To deliver premier level nutrition and food service programs to Veterans and stakeholders, using people centered, results driven, and forward looking principles.

March is National Nutrition Month

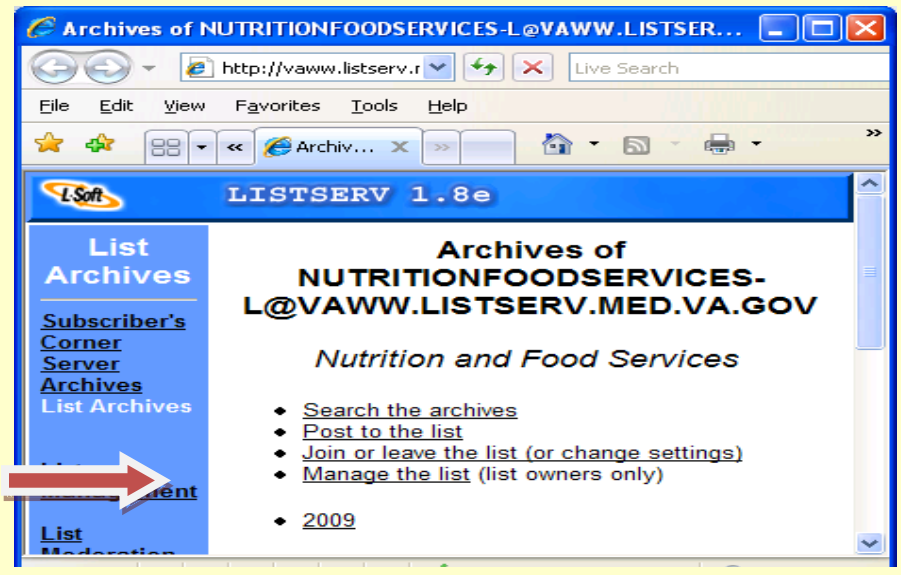
Please share with us stories and pictures from the NNM events that your facilities have happening during the month!

We will include them in the next issue of the newsletter!

NEW! NFS List-serv

Get the latest VA Food and Nutrition Services news delivered into your Microsoft Outlook box. Sign up for the new List Serv with a click on Subscribe/Unsubscribe button on the NFS webpage. Should you decide to unsubscribe later, that can also be done easily--with a click on that same link.

Join the list serve… NUTRITIONFOODSERVICES-L click here and click the link to join or leave the list.. when you join you will get an automated mail message telling you more about listserve ….



Next deadline for article submission: **May 1, 2010**

Please submit articles to:
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and
Valerie.adegunleye@va.gov